

However, there were some of extended duration without such an eventuation.

323 Geary Street.

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#### DISCUSSION

LAURENCE R. TAUSSIG, M. D. (384 Post Street, San Francisco).—Painful ear nodules are not rare, and it is important to recognize them in order to institute effective treatment. Probably the most striking clinical feature aside from their location is the marked tenderness. I believe that the most important factor in their development is pressure very likely associated, as Culver has pointed out, with circulatory disturbance. Apparently in each case there is a piece of loose cartilage acting as a sequestrum and as such causing the irritation. The failure to find and remove this sequestrum is, in my opinion, the reason for not obtaining a cure. The method of treatment is immaterial. Sharp dissection, curetting with or without subsequent cauterization, cautery excision, or electrothermic methods are all satisfactory providing the sequestrum is removed.

SAMUEL AYRES JR., M. D. (517 Westlake Professional Building, Los Angeles).—There is very little to add to Doctor Culver's clean-cut analysis of this not uncommon malady. I have had one instance in a woman in whom the condition was first noted following the wearing of a close-fitting hat.

In the matter of treatment I have had success with carbon dioxide freezing, and more recently with diathermic coagulation under novocain. I have not been aware of recurrences with these methods.

H. J. TEMPLETON, M. D. (3115 Webster Street, Oakland).—I have one female patient suffering from painful ear nodule. She is twenty-seven years old and works as a mannequin trying on modern tight-fitting hats all day long.

It is my opinion that in her particular case trauma has been the etiologic factor. I have treated all of my cases by rather wide excision with the actual cautery.

The point that Doctor Culver makes in regard to there being a cartilaginous sequestrum present which must be removed is of great practical interest.

DOCTOR CULVER (Closing).—I wish to thank the men who have discussed my paper.

There is one point that would seem to bear a closing remark even though it may be considered a repetition. The faulty cartilaginous edge is not necessarily free, and it may not give any evidence when it is laid bare that it is pathologic. One has to take it for granted that it is so and use his best judgment as to how much of it should be removed.

Since reading the paper I have seen a boy twelve years of age with a painful nodule of three years' duration on the right ear in the usual location, typical even to the hyperkeratotic top. One was developing also on the left ear, still presenting a smooth surface, and only slightly tender. There was an absence of any history of trauma. Trauma does not seem to be a necessary factor in its causation.

## THE LURE OF MEDICAL HISTORY

AN OLD BOOK BY BENJAMIN RUSH

By GILBERT R. OWEN, M. D.  
Los Angeles

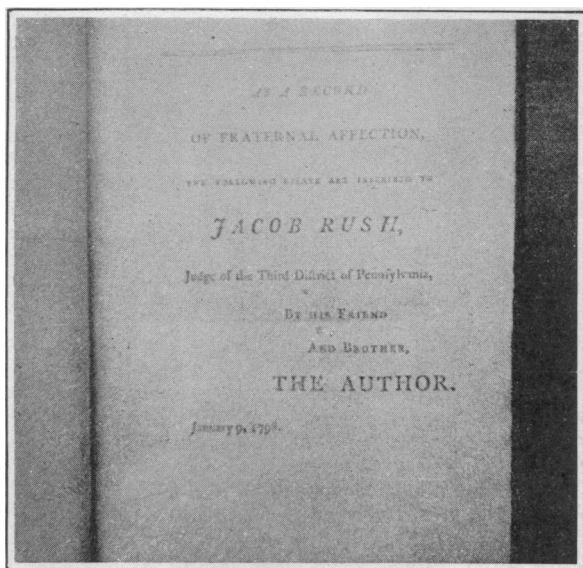
OF Benjamin Rush much has been written, and, as a signer of the Declaration, he is probably one of the best known among American physicians. Historically, how little a century means; yet who among us would appreciate his pre-Pasteurian titles of the "American Sydenham" or the "Pennsylvania Hippocrates."

The book of which we write is a delightful little volume bound in the conventional calf of the period, and from the press of Thomas and Samuel, descendants of the famous William Bradford, who opened the first American press; and the little volume is our excuse for these sketchy comments on Benjamin Rush.

"Essays—Literary, Moral and Philosophical" is the rather depressing title of the volume. It is charmingly and quaintly dedicated: "As a record of fraternal affection, the following essays are inscribed to Jacob Rush, Judge of the Third District of Pennsylvania, by his friend and brother, the author. January 9, 1798." The essays embodied are of the most protean character, and are a fair index of the feeling of civic responsibility common among prominent physicians in Colonial days. Most of the essays had appeared in the *Columbian Magazine*. They won for him caustic comment from Holmes. Garrison terms him "A typical eighteenth century theorist, and a man whose social propagandism against war, slavery, alcoholism, and the death penalty was perhaps not entirely dissociated from a personal interest in increasing his practice."

As a "cure" for the tobacco habit may be read the opening paragraph of "Observations Upon the Influence of the Habitual Use of Tobacco Upon Health, Morals and Property." It is reminiscent of the pictures of the alcoholically induced, hob-nail-liver which were in the textbooks of our youth. We are sure that no nicotine addict will care to continue the regrettable habit after having read it: "Were it possible for a being who had resided upon our globe to visit the inhabitants of a planet where reason governed, and to tell them that a vile weed was in general use among the inhabitants of the globe it had left which afforded no nourishment—that this weed was cultivated with immense care, that it was an important article of commerce, that the want of it produced real misery, that its taste was extremely nauseous, that it was unfriendly to health and morals, and that its use was attended with considerable loss of time and property, the account would be thought incredible, and the author of it would probably be excluded from society for relating a story of so improbable a nature. In no one view is it possible to contemplate the creature man in a more absurd and ridiculous light than in his attachment to Tobacco."

There are some amusing highlights in his homily, a sprinkling of wisdom; but nothing of therapeutic value. Let us read as we run.



Facsimile of title page.

"... the progress in the decay of the sensibility of the nose to the stimulus of snuff is analogous to the decay of the sensibility of the stomach, to the stimulus of spirituous liquors. It feels for awhile the action of Rappee; next it requires Scotch snuff, afterward Irish Blackguard—and finally it is affected only by a composition of tobacco and ground glass. This mixture is to the nose what cayenne pepper and Jamaica spirits are to the stomachs of habitual dram drinkers."

"A citizen of Philadelphia lost all of his teeth by drawing the hot smoke of Tobacco into his mouth by means of a short pipe. . . . I once lost a young man of 17 years of age, of a pulmonary consumption, whose disorder was brought on by the intemperate use of segars."

He denies the virtue of tobacco as a preservative against contagion, a lay superstition that exists even to this day. Recent excavations of old plague burial pits in London disclosed great quantities of clay pipes used by the "buriers of the dead" for this purpose.

"Colonel Burr informed me that the greatest complaints of dissatisfaction and suffering that he heard among the soldiers that accompanied General Arnold in his march from Boston to Quebec through the wilderness in the year 1775 were from the want of Tobacco. This was the more remarkable, as they were so destitute of provisions as to be obliged to kill and eat their dogs."

"It has been further said that chewing and smoking Tobacco assist in the intellectual operations. . . . Mr. Pope recommends a trotting horse for the same purpose." (His only flash of wit. Probably inadvertent!) . . . "I suspect that Tobacco is often used rather to supply the want of ideas than to collect or excite them."

In review . . . "we are assured that nothing exists in vain. Poison is a relative term. . . . What animal except man will take Tobacco into its mouth? Horses, cows, sheep, cats, dogs, and even hogs refuse to take it. . . . Modern travel-

ers have at last discovered that it constitutes the food of a solitary and filthy wild beast, well known in the deserts of Africa, by the name of Rock Goat."

The "Remarkable Circumstances in the Constitution and Life of Ann Woods," together with the "Life of Edward Drinker," seems to have much to do with his essay on "Old Age," which had previously appeared in his *Inquiries*, Vol. 2. There were still murmurings of witches in Salem, even as today they are still "hexing" in Pennsylvania. The memory of Nicholas Culpeper was yet fresh, if not fragrant. Laennec's holly wands were known as "papist contrivances." Belief in the supernatural and the extraordinary, tinted Rush's environment. One swallow made many a summer, and Ann's biological eccentricities, doubtless apochryphal, became physiological realities.

Ann's history runs thus: She first menstruated at the age of 19 or 20. Having lost three children soon after weaning she suckled subsequent children, six in number, throughout entire pregnancies, suckling one until its fifth year. She had a child by her second husband in her sixtieth year. Except for eleven-month intermissions during her pregnancies, she menstruated until her eightieth year, suffering subsequently headaches because of her senescent menopause. She was, at the time Rush met her, he states in the "Old Age" essay, in her one hundredth year. In the "Ann Woods" essay, her ninety-sixth.

From Ann's testimony he reaches the following conclusions: "That there is a great latitude in the time when the menses cease. It is more common for them, in their eccentricities, to disappear at the usual time and to return in extreme old age." "There is a great latitude in the time in which women bear children. Many children are born between 50 and 60, but very few, I believe, beyond sixty." "That child-bearing and suckling children, . . . gray hair in the fifth decade," and "hard work combined with temperate habits, . . . do not materially affect longevity. . . ."

Many of his observations on old age are startlingly modern. In his "Eulogium" on Dr. William Cullen, whom he appears to have revered above all men, he says: "I have been informed that he yielded at last to the passion for rural improvement, which is common to all men, and amused himself in the evening of his life by cultivating a farm."

Warthin, on the same subject, in his Carpenter lecture, delivered to the New York Academy of Medicine in 1928, says: "Creative mechanical work of some kind offers one of the best outlets to the old man's restlessness; and of all the occupations that may offer, that of gardening, of growing and planting . . . is the very best form of exercise and avocation adapted to the needs of the aged individual. There is also a very definite psychological relationship shown in the return of the old man to the soil."

In his "Life and Death of Edward Drinker," Rush writes: "But it is a fact well worth attending to, that old age, instead of diminishing, always increases the desire for knowledge. It must add some consolation to those who expect to be old

to discover that the infirmities to which the decays of nature expose the human body are rendered more tolerable by the enjoyments that are to be derived from the appetite for sensual and intellectual food." Warthin again says: "Since the mental powers are preserved longer than any other function in senescence, happy is that man who comes into his old age with the capacity for intellectual pleasures fully developed, not in one line alone, but in many—in literature, art, music, and science."

Rush says: "Few persons appear to die of old age. Some one of the diseases which have been mentioned generally cuts the last thread of life." Warthin's monograph states: "Such a biological normal death is rarely achieved by man. He usually succumbs to influences of environment, or dies prematurely because of inherent defects in his organism."

1800 West Sixth Street.

## CLINICAL NOTES AND CASE REPORTS

### CONGENITAL CYSTIC DISEASE OF THE LUNG\*

#### REPORT OF CASE

By RULON S. TILLOTSON, M. D.

Woodland

WITH very few exceptions the only cases of congenital cystic disease of the lung that have been reported have been found at autopsy or following a surgical operation on the lung. For this reason, I feel somewhat hesitant in reporting this particular case which was found in an apparently healthy individual. However, the evidence shown in the case presented seems to justify the diagnosis.

The first clinical report on congenital cystic disease of the lung was made in 1859 by Meyer<sup>1</sup> in Germany. Krontz,<sup>2</sup> from the pathological department of Johns Hopkins University, reported a case of this disease in 1925. In reviewing the literature to that time he found no American cases had been reported. The latter author collected 108 cases, most of them reported by the Germans, some by the English, French, and Italians. Miller<sup>3</sup> in Baltimore, in 1925, and Eloesser<sup>4</sup> in San Francisco, in 1928, have reported cases of this disease.

In the series of 108 cases reviewed by Krontz the age at which these cases were found at autopsy extended from premature stillborn infants to old age. The condition was apparently not a direct or a contributing cause of death in many of the cases reviewed. In six cases it was but an accidental finding at autopsy. An Associated tuberculosis was reported in but five of the total number of cases.

In discussing the confusion in the terminology on the literature on this condition, Krontz states: "The following terms are encountered and used synonymously: fetal bronchiectasis; congenital

cyst formation of the lung; atelectatic bronchiectasis; congenital bronchiectasis; honeycomb lung; and others."

#### REPORT OF CASE

P. M., age twenty, referred to San Francisco Hospital by an outside physician, with a diagnosis of pulmonary tuberculosis. Admitted on the service of Dr. W. R. P. Clark, April 15, 1929.

**Present Illness.**—One week preceding admission the patient first noticed a dry cough, not frequent, principally nocturnal. Four days preceding admission, during a mild spell of coughing, he brought up about a tablespoonful of bright liquid blood. There was no recurrence of the hemoptysis up to the time of his admission.

**Family History.**—No family history or association with tuberculosis. Father and mother are living and well. Two brothers and one sister are living and well; none are dead.

**Past Medical History.**—Born in Italy, came to this country at nine years of age. Shortly following his arrival in the United States he had chickenpox; made good recovery. With the exception of this one childhood disease, he never remembers being ill. Was never told by his parents of any illness he suffered during infancy or early childhood. No history of repeated head colds or chronic nasal discharge. He has never had a cough except as referred to in present illness, no sputum, no night sweats. There is no past medical history referable to cardiovascular, gastrointestinal, or genito-urinary systems. No history of venereal infection. No history of foreign body aspiration.

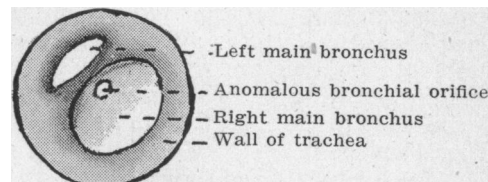


Fig. 1.—Diagram of region of bifurcation of trachea, as seen through the bronchoscope.

He has been employed as a boxmaker the past four years and has always been able to do hard work. His general health was considered very good until he spat up the blood four days prior to admission. Six months ago, while stripped to the waist for a friendly boxing encounter, he noticed for the first time that the left side of his chest was smaller than the right. Enjoys boxing and engages in this sport occasionally.

**Physical Examination.**—The following physical findings are mentioned among others by Doctor Clark:

"Patient appears somewhat undernourished. The left shoulder is lower than the right and there is definite flattening of the trapezius muscle on this side. There is a left scoliosis of the spine. The finger nails are curved but the fingers are not clubbed. The respiratory movements are restricted on the left. The heart is markedly displaced to the left. The right border of the heart is to the left of the sternum. The percussion note is slightly impaired in the upper portion of the left lung and merges into the area of cardiac dullness below. There is more or less dullness over left lung posteriorly. Tactile fremitus is present over both sides, is increased at left top and decidedly diminished at left base. No cardiac murmurs are heard." Examination of the head, including the sinuses, was negative. The abdomen and extremities were negative. Sputum examination negative for tubercle bacillus on three examinations. Request was made that further examinations be made. Urine negative. Blood Wassermann negative. Temperature normal.

**X-Ray Examination.**—An x-ray of the chest was taken April 17, 1929 (Fig. 1). The following report was made by Dr. John M. Rehfish:

"The left chest is much contracted in all its diameters. The mediastinum has been badly displaced to-

\* From the Otolaryngological Department of the San Francisco Hospital, Stanford University Service.